

School Name _____

To apply for free or reduced-price meals for your child(ren), carefully COMPLETE, SIGN and RETURN this form to school. If you need help with this form, please call _____.

Part 1	Complete this Part for children attending this School/District but are NOT included in a Food Stamp, CA or FDPIR Case. (Go to Part 3)						
	Child's Name	Name of School	Grade	Teacher			
	1. _____	_____	_____	_____			
	2. _____	_____	_____	_____			
	3. _____	_____	_____	_____			
	4. _____	_____	_____	_____			
Part 2	Complete this Part for children attending this School/District now receiving Food Stamp, CA or FDPIR benefits. (Go to Part 5) Food Stamp Case #: _____ CA Case #: _____ FDPIR Case #: _____ The School/District will verify FSP, CA case numbers with the Department of Economic Security. FDPIR case numbers will be verified with the appropriate Indian Tribal Organization.						
	Child's Name	Name of School	Grade	Teacher			
	1. _____	_____	_____	_____			
	2. _____	_____	_____	_____			
	3. _____	_____	_____	_____			
	4. _____	_____	_____	_____			
Part 3	If you listed any children in Part 1, you MUST complete this Part AND Part 5. DO NOT complete this section if you receive <i>Food Stamps, CA or FDPIR</i> benefits – continue to Part 5. HOUSEHOLD MEMBERS: List the names of <u>everyone</u> living in your household. INCLUDE YOURSELF, OTHER ADULTS AND CHILDREN. DO NOT INCLUDE CHILDREN LISTED IN PART 1, UNLESS THEY RECEIVE A REGULAR INCOME. MONTHLY INCOME: Write the amount of monthly income and its source each person now gets on the same line as their name. List GROSS income BEFORE deductions for taxes, social security, etc.						
	Name	Write The Total Number of People In Your Household (include yourself)	Monthly Earnings from Work (Before Deductions) Include all jobs	Monthly Welfare Payments Received, Child Support, CA & Alimony	Monthly Income from Pensions, Retirement and Social Security	Monthly Income from ALL OTHER sources of Income	No Income ✓ Here
	_____		\$ _____	\$ _____	\$ _____	\$ _____	
	_____		\$ _____	\$ _____	\$ _____	\$ _____	
	_____		\$ _____	\$ _____	\$ _____	\$ _____	
	_____		\$ _____	\$ _____	\$ _____	\$ _____	
Part 4	FOSTER/INSTITUTIONALIZED CHILD: Complete a separate application for each foster/institutionalized child. Write child's personal use income and how often it is received. (Go to Part 5) Child's Name _____ Grade _____ Monthly Income _____						
Kids Care	Do you have a child who is in need of health insurance? Yes () No () Would you like an AHCCCS (KidsCare) Health Insurance Application sent to your home? Yes () * No () <i>*If you checked yes, you must complete and SIGN Part 7 of this application.</i>						
Part 5	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Print Name _____ Address _____ _____ Home Telephone Number _____ Work Telephone Number _____ </div> <div style="width: 50%;"> I hereby certify that all of the above information is true and that all income is reported. I understand that this information is being given in connection with the receipt of Federal funds; that the institution officials may verify this information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. </div> </div> <div style="margin-top: 10px;"> Signature and Social Security Number of adult household member who signs this form; or check the box below if this person does NOT possess a Social Security Number: _____ If you DO NOT have a SS# - ✓ Here () </div> <div style="margin-top: 10px; display: flex; justify-content: space-between;"> _____ Signature _____ Social Security Number _____ Date </div>						
Eligibility Total Household Size: _____ Total Monthly Income \$ _____ Food Stamp/CA/FDPIR _____			Office Use Only Eligibility Determination () Approved free () Approved Reduced () Denied (Reason) _____ () Temporary Approval Until _____ Date Approved _____ Date Notice Sent _____ Signature of Determining Official _____				

Section 9 of the National School Lunch Act requires that, unless your children's Food Stamp, CA or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or an indication that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of Food Stamps, CA or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

Part 6	<p>RACE: Please check the race or ethnic identity of your child. You are not required to answer this question. We need this information to determine if benefits are allocated on a fair basis.</p> <p>() Black or African American () Asian () American Indian or Alaskan Native () Native Hawaiian or Other Pacific Islander () White () Hispanic or Latino</p>	<p>In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint or discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.</p>
Part 7	<p>OTHER BENEFITS You do not have to complete this part to receive free and reduced price meals. You have the option of selecting all or part of the programs listed. School officials may use the information provided on this application to determine my child's eligibility for:</p> <p style="text-align: center;">textbooks athletic equipment workbooks art supplies AHCCCS (KidsCare) _____</p> <p>THE INFORMATION ON THIS FORM MAY BE USED ONLY TO ASSIST IN THE DETERMINATION OF ELIGIBILITY FOR THE PROGRAMS THAT I HAVE INDICATED. I UNDERSTAND THAT I WILL BE RELEASING INFORMATION THAT WILL SHOW THAT I AM APPLYING FOR FREE AND REDUCED PRICE BENEFITS UNDER THE NATIONAL SCHOOL LUNCH PROGRAM. I GIVE UP MY RIGHTS TO CONFIDENTIALITY FOR THESE PURPOSES ONLY.</p> <p>I certify that I am the parent/guardian of the child(ren) for whom the application is being made.</p> <p>Signature of Parent/Guardian _____ Date _____</p>	

FOR SCHOOL USE ONLY

VERIFICATION	Verification Results:	Reason for Change:
Date Selected for Verification _____	() No Change	() Income
Response Due from Household _____	() Ineligible	() Household Size
Second Notice Sent _____	() Free to Reduced	() Refused to Cooperate
Date Response Received _____	() Reduced to Free	() Other _____
Sample Selection: () Random () Focused		
() 100% () Other		
() Food Stamp/CA/FDPIR Eligibility:	() Monthly Income \$ _____	Date Adverse Notice Sent _____
() Not Confirmed	() Wage Stubs	Date of Change _____
() Food Stamp/CA/FDPIR Office	() Written Documents	Signature of _____
() Notice of Eligibility	() Collateral Contact	Verifying Official _____
() Agency records	() Other _____	Date _____

MONTHLY INCOME CONVERSION: WEEKLY X 4.33; EVERY TWO WEEKS X 2.15; TWICE A MONTH X 2